FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90110 020 ***150.00

DOCUMENT # V63575

 Corporation 	Name											
CAMPTO	N CORPORATION						ļ					
4							İ			DIA BIBA BI	D)	
Principal Place	of Business	Mai	ling Address						t 18814 Bridin Oran 11fet Citts 1888+		Ali Bitti Alali A	
1836 W 23RD ST			1836 W 23RD ST						•			
MIAMI BEACH FL 33140			MIAMI BEACH FL 33140					DO NOT WRITE IN THIS SPACE				
							}		Date Incorporated or Qualifed	114 17113		
							ļ				•	
		130	Mailing Addrson						09/09/1992 FEI Number		ΙΔη	plied For
	ace of Business	1—−1	Mailing Address								- 	t Applicable
21	# 440	26	Suite, Apt. #, etc.	**			\rightarrow		65-0358629		\$8.75	
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.					5.	Certificate of Status Desired	3	Fee Re	
City & State	^		City & State					6	Election Campaign Financing		\$5.00	May Pa
	=	28	Ony a Glate						Trust Fund Contribution		Added t	
Zip	Country		Zip	Cou	ntry	,			This corporation owes the current	vear Inta		
	25 29 30				•				Personal Property Tax.	,	Yes	□No
24	9. Name and Address of Currer		ered Agent	1001	Γ				Name and Address of New Reg	istered	Agent	
					81	Name				••		
BERGER, DAVID J.					82	Charat	Addense	- /D	O. Box Number is Not Acceptable	.,		
1836 W 23RD ST					02	Sueer	Addies	S (-	O. BOX Number is Not Acceptable	-,		
MIAMI BEACH FL 33140					83							
					L.						 	
ı					84	City			·	FL	85 Zip (Loce
11. Pursuant	to the provisions of Sections 607.050	02 and 60	7.1508, Florida Statu	tes, the a	bove	e-named	corpora	ation	n submits this statement for the pu	rpose of	changing its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida	a. Such change was a	iutnorized	J DY	the corpo	oration's	s bo	pard of directors. I hereby accept t	ne appoir	ntment as re	gistered
	in lailliliar with, and accept the obliga	ations of	Jection 001.0000, 1 &	maa otat	0100							j
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi						nt signature r	required wi			DATE		
12.	OFFICERS AN			13.				A	ADDITIONS/CHANGES TO OFFIC	ERS AN		
TITLE	DVA		☐ DELETE	1.1 TI	TLE						☐ Change	Addition
NAME	BERGER, DAVID J			1.2 N	AME							
STREET ADDRESS	1836 W 23RD ST			1.3 \$	TREET	T ADDRESS						
CITY-ST-ZIP	MIAMI BEACH FL			1.4 CI	TY-S	T-ZIP						
TITLE	PDS		☐ DELETE	2.1 TI	TLE						Change	☐ Addition
NAME	BERGER, MAX			2.2 N	AME.							
STREET ADDRESS	1230 CLEVELAND ROAD			2.3 S	TREET	TADDRESS				~		,
CITY-ST-ZIP	MIAMI BEACH FL			2.40	ITY-S	ST-ZIP						
TITLE	VDAS		☐ DELETE	3.1 TI	TLE						Change	☐ Addition
NAME	KRIEGER, ANITA			3.2 N	AME							
STREET ADDRESS	1345 CLEVELAND ROAD			3.3 S	TREET	TADDRESS						
CITY-ST-ZIP	MIAMI BEACH FL			3.4. 0	ITY-S	ST-ZIP						
TITLE	VDAS		☐ DELETE	4.1 Ti	TLE						Change	Addition
NAME	BERGER, MORRIS I.			4.2 N	IAME				•			
STREET ADDRESS	10041 S.W. 2ND STREET			43 S	TREE	T ADDRESS					_	
CITY-ST-ZIP	PLANATION FL			4.4 C	ITY-S	T-ZIP					-	
TITLE			☐ DELETE	5.1 TI	TLE						☐ Change	☐ Addition

64 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ Change

☐ Addition